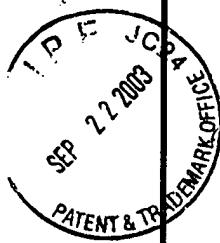


1754

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



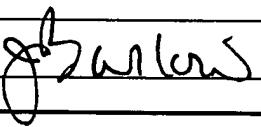
Application Number	09/960,361
Filing Date	9/24/2001
First Named Inventor	TANAKA
Group Art Unit	1754
Examiner Name	Wright
Attorney Docket Number	12-007

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## ENCLOSURES (check all that apply)

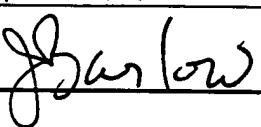
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	18 September 2003

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-14501.

Type or printed name	JAMES E. BARLOW	
Signature		Date: 18 Sept 2003

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 930)

## Complete if Known

Application Number	09/960,361
Filing Date	9/24/2001
First Named Inventor	TANAKA
Examiner Name	Wright
Group/Art Unit	1754
Attorney Docket No.	12-007

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:						
Deposit Account Number	50-1147					
Deposit Account Name	Posz & Bethards, PLC					
		<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17				
2. <input checked="" type="checkbox"/> Payment Enclosed:		<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		
1001	750	2001	375	Utility filing fee		
1002	330	2002	165	Design filing fee		
1003	520	2003	260	Plant filing fee		
1004	750	2004	375	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1) (\$ 0)						
2. EXTRA CLAIM FEES						
Extra Claims	Fee from Below	Fee Paid				
Total Claims 11	-20**= 0	x 18	= 0			
Independent Claims 2	-3**= 0	x 84	= 0			
Multiple Dependent						
**or number previously paid, if greater; For Reissues, see below						
Large Entity	Small Entity	Fee Description				
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1202	18	2202	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3		
1203	280	2203	140	Multiple dependent claim, if not paid		
1204	84	2204	42	**Reissue independent claims over original patent		
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$ 0)						
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 930)		

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	JAMES E. BARLOW	Registration No. (Attorney/Agent)	32,377	Telephone (703) 707-9110
Signature				Date 18 September 2003

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